CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS/MRS MB FIRST WILLIAM	MI	OFFICE USE ONLY		
NAME	NICKNAME LAST	SUFFIX	Date Received		
	WILL Peckham	/V	MAY 0 2 2014		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY 2701 Wolkin Co	o e	Date Hand-delivered or Postmarked		
change of address	Rosa Rocke, Tx	78681	Receipt # Amount		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (5/2) 255-4611	EXTENSION	Date Processed		
6 CAMPAIGN TREASURER NAME	MS/MRS(MR) FIRST THOMAS	MI	MAY () 2 2014		
	SCOTT Swinter	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE); APT/SUITE: 1903 West Co Runno Rock, T	seek Loop	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 423-102	EXTENSION			
9 REPORT TYPE	January 15 30th day before election	n Runoff	15th day after campaign treasurer appointment (officeholderonly)		
,	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 64 / 11 / 2014 THROUGH	Month Day H 05/02/	Year / 2014		
11 ELECTION	ELECTION DATE Month Day Year O 5 / 10 / 2 01 4 ELECTION TYPE Primary	Runoff	General Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Counce Rock Pa	e of Rouns ace 4		
GO TO PAGE 2					

(512) 463-5800

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14°C/OH NAME	Man H	Peckham IV 15 ACC	COUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	OMMITTEE NAME WILL Peckhain for City of Round Rock Place 4	Country	
	SPECIFIC	COMMITTEE ADDRESS 2701 Wolkin Cove Roune Rock, T+ 7		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME THOMAS SCOTT Swinde	, , en- en	
		committee CAMPAIGN TREASURER ADDRESS, 1903 West Check L Roune Rock, T+ 78		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 850,00	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3676,40	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ NA			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 13,741.28	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$ 6119.52	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ NA	
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. State Of Texas May Comm. Exp. Sept. 13, 2017				
AFFIX NOTARY STAM		me, by the said William Peckham	, this the	
day of, 20, to certify which, witness my hand and seal of office.				
Signature of officer admi	CULTUG Inistering oath	Printed name of officer administering oath Ti	LSQ tle of officer administering oath	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

ξ 2 ·			1 Total pages Sch	nedule A:
ı ne	e Instruction Guide explains how to complete thi	s form.	. volar pages co.	4
2 FILER NAME	William H Peckham,	10	3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_ CHRISTOPHER L SANde	~S	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/14/14	6 Contributor address; City; State; Zip Code 404 E 3446 Austin, 7+ 78705		300.00	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (D#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/18/14	Contributor address; City; State; Zip Code 3600 Perby Trail Runne Ruck, Ty		100.00	
P			(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_ Pan H Peck 4 Tyle Contributor address; City; State; Zip Code	r B Deck	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/23/14	1000 Heartage Center Rusa. Rock, T+ 78	CIROLE 8664	/00.00	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		r rexas, complete screedile 1)
Date /	Full name of contributor out-of-state PAC (ID#:_ Nancy Rabb Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/23/14	2604 SUNKISCRD Rouno Rock, T+ 786	465	100.00	·
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (D#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/23/14	Contributor address; City; State; Zip Code 12 Oakmoore Rova o Rock, T+ 78	866 mg	100.00	_
Principal occupa	ation / Job title (See Instructions)	Employer (See In:		Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	William H Peckham,	10	3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (10#:_	· · · · · · · · · · · · · · · · · · ·	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/23/14	6 Contributor address: City: State: Zin Code	· ·	100. 00	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_ CORbin Van Unsde.)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/23/14	Contributor address; City; State; Zip Code 816 Congress accase,	· · · · · · · · · · · · · · · · · · ·	200.00	
	Austin, Te 78701	₹	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		
Date	Full name of contributor out-of-state PAC (D#_ Ryan & Enily Theore	ver L	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/29/14	Contributor address; City; State; Zip Code 2800 COOL RIVER L RUUNU Rock, Tr	-00P		Supplies
Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (10#_ M, he & Stake Freema		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/29/14	Contributor address; City; State; Zip Code	nice	500.00	MAILER
Principal occup	Rover Rock, T+ pation / Job title (See Instructions)	78681 Employer (See	/	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:_ Aaron SELLER 5		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/29/14	Contributor address: City; State; Zip Code		77:40	Event Supplies
Principal cost-	Rusnu Rock, T+ 78	······································	······································	of Texas, complete Schedule T)
- гинсіраї оссир	pation / Job title (See Instructions)	Employer (See	instructions)	-
lf c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr			requirements.

(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	WILLIAM H Peckha	in 10	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_ Ryan & Emily Then	W L L L	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/1/14		ap	100.00	
	Round Rock, TT 78	665	(If travel outside of	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/1/14	Contributor address; City; State; Zip Code		160.00	for event
,	Rouse Rock, T+ 78	681		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_ Poug 7 Tamangne C Contributor address; City; State; Zip Code	Cornwere	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/1/14	4112 N Summencre	st Loop	100.00	
	Roune Rock, Tt 7.	8681	(If travel outside	I of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/1/14	Contributor address; City; State; Zip Code		100.00	
	Rouno Rock, T+	78681	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		,
Date	Full name of contributor out-of-state PAC (ID#:_	lere	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/1/14	Contributor address; City; State; Zip Code 2103 Casa Linen Cove	-	500.00	
	Rouno Rock. T+ 7			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	e Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	William H Peckham,	10	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/1/14	6 Contributor address; City; State; Zip Code 2711 Celaa Sprin Roune Roch, 77	78681	EO. co	Supplies Fre event
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See I	Instructions)	or tolder, demployed democratic ry
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
				of Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See I	instructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If travel outside	of Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See I	Instructions)	
,				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
			(If travel outside	of Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (S)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If travel outside	of Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See	A	C / / / / / / / / / / / / / / / / / / /

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES

Texas Ethics Commission

SCHEDULE F

*	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/F	ontract Labor Loan Repayment/Reimbursement aising Expense Transportation Equipment & Relate Contributions/Donations Made By trict Candidate/Officeholder/Politica	l Committee
•	The Instruction Guide explains how to		ŕ
1 Total pages Schedule F:	2 FILER NAME WILLIAM H Packha	3 ACCOUNT # (Ethics Comm	nission Filers)
4 Date / 14 / 2014	5 Payee name Minuteman Press.	×.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	7 Cracker	
1216.98		78626	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Sched	ule T)
OF EXPENDITURE	Printing Expense "	PRINT MEDIA	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office he	eld
Date/ /	Payee name		
4/14/14	Community Impo	act Newspaper	
Amount (\$)	Payee address; City; State; Zip Code	and the second	
4700.48	16225 Impact We Pfrogenoille, T+	18660	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedu	ule T)
OF EXPENDITURE	Abvertising Expense	Print MEDIA	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office he	eld
Date / /	Payee name /		
4/15/14	minuteman fres	F	
Amount (\$)	Payee address; City; State; Zip Code	Avenue	
1464.89	Georgetown. Tt	78626	,
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedu	ıle T)
OF EXPENDITURE	Printing Expense	516N5	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office he	ıld
Date /	Payee name		
4/24/14	minuteman Press		
Amount (\$)	Payee address; City; State; Zip Code		
6358.93	Georgetown, Tr	18626	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedu	le T)
OF EXPENDITURE	Advertising Expense	MAILERS	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office hel	ld
***************************************	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED	
			- 1